

CITY OF CANTON
TIME OFF REQUEST
(Please Print or Type Clearly)

TODAY'S DATE _____

EMPLOYEE NAME _____ TIME _____ AM/PM

DEPT. NUMBER _____

Person Receiving Call _____ Caller _____

Time Requested: FROM – Date _____ Time _____

TO - Date _____ Time _____

TYPE OF TIME:

TOTAL HOURS:

(If (1) is indicated, REASON for time off must be stated in space provided; if (2) is indicated, supporting documentation should be attached and forwarded to Payroll Department.

REASON

____ BEREAVEMENT (1),(2)

____ COMPENSATORY TIME

____ DISCIPLINARY SUSPENSION (1),(2)

____ ABSENCE WITHOUT LEAVE (1)

____ LEAVE OF ABSENCE (1),(2)

____ MILITARY LEAVE (1),(2)

____ PERSONAL HOLIDAY

____ SICK LEAVE (1),(2)

____ VACATION(Available for overtime? Yes ___ No ___)

(Available for overtime on days off connected to vacation? Yes ___ No ___)

____ UNION BUSINESS (1),(2)

____ PERFECT ATTENDANCE HOLIDAY

____ ATRD (Absence Trade)

____ WTRD (Work Trade)

____ JURY DUTY (2)

____ OTHER **(includes FURLOUGH (FRM))**

Period From: _____ to _____

Employee's Signature

Pre-Approved

Non-Occurrence _____ Occurrence _____

Supervisor's Signature

Approved _____ Denied

Department Head

Approved _____ Denied

Appointing Authority